

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

6200 S SYRACUSE WAY STE 200

☐Check if different
than previously
reported. (ACC)

GREENWOOD VILLAGE

CO

80111

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00389585

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2006

through

05

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mark Rector

Signature of Treasurer

Electronically Filed by Mark Rector

Date

06

16

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		16177.77
(b) Cash on Hand at Beginning of Reporting Period	25020.86	
(c) Total Receipts (from Line 19)	2179.66	12022.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27200.52	28200.52
7. Total Disbursements (from Line 31)	2250.00	3250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24950.52	24950.52
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1870.70	6878.20
(i) Itemized (use Schedule A)		
(ii) Unitemized	308.96	5144.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	2179.66	12022.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	2179.66	12022.75
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2179.66	12022.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2179.66	12022.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		2250.00	3250.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		2250.00	3250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		2250.00	3250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2179.66	12022.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2179.66	12022.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Scott S Bourn Mailing Address 10617 Stone Creek Ct. City Parker State CO Zip Code 80134-2536 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation Manager, Clinical Ed. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4964 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">38.46</td> </tr> </table> Payroll Deduction \$38.46 biweekly	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	6	38.46									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		1	2		2	0	0	6																								
38.46																																	
B. Full Name (Last, First, Middle Initial) Scott S Bourn Mailing Address 10617 Stone Creek Ct. City Parker State CO Zip Code 80134-2536 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation Manager, Clinical Ed. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4965 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">38.46</td> </tr> </table> Payroll Deduction \$38.46 biweekly	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	6	38.46									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		2	6		2	0	0	6																								
38.46																																	
C. Full Name (Last, First, Middle Initial) Steven Delahousey Mailing Address 2580 Rue Palafox City Biloxi State MS Zip Code 39531-3733 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4970 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">38.46</td> </tr> </table> Payroll Deduction \$38.46 biweekly	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	6	38.46									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		1	2		2	0	0	6																								
38.46																																	
SUBTOTAL of Receipts This Page (optional)			<table border="1"> <tr> <td colspan="10">115.38</td> </tr> </table>	115.38																													
115.38																																	
TOTAL This Period (last page this line number only)			<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

Steven Delahousey

Mailing Address 2580 Rue Palafox

City State Zip Code
 Biloxi MS 39531-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.4971

Amount of Each Receipt this Period

38.46

Payroll Deduction \$38.46
biweekly

B. Full Name (Last, First, Middle Initial)

Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City State Zip Code
 North Haven CT 06473

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation
VP, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.4973

Amount of Each Receipt this Period

20.00

Payroll Deduction \$20.00
weekly

C. Full Name (Last, First, Middle Initial)

Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City State Zip Code
 North Haven CT 06473

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation
VP, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4974

Amount of Each Receipt this Period

20.00

Payroll Deduction \$20.00
weekly

SUBTOTAL of Receipts This Page (optional)

78.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Alfred Dellavalle Mailing Address 43 Oakwood Drive City North Haven State CT Zip Code 06473 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Business Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.4975 Amount of Each Receipt this Period 20.00 Payroll Deduction \$20.00 weekly
B. Full Name (Last, First, Middle Initial) Alfred Dellavalle Mailing Address 43 Oakwood Drive City North Haven State CT Zip Code 06473 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Business Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4976 Amount of Each Receipt this Period 20.00 Payroll Deduction \$20.00 weekly
C. Full Name (Last, First, Middle Initial) Ronald Dire-Day Mailing Address 243 Mulberry Ave City Longview State WA Zip Code 98632-9417 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation Supervisor, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.53			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4978 Amount of Each Receipt this Period 19.23 Payroll Deduction \$19.23 biweekly
SUBTOTAL of Receipts This Page (optional) ▶			59.23
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dale Feldhauser		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 3580 Diamond Ridge NE		Transaction ID: SA11A1.4982
City Rockford	State MI	Zip Code 49341-7935
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer American Medical Response	Occupation Director, Operations	Payroll Deduction \$38.46 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

B. Full Name (Last, First, Middle Initial) Dale Feldhauser		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 3580 Diamond Ridge NE		Transaction ID: SA11A1.4983
City Rockford	State MI	Zip Code 49341-7935
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer American Medical Response	Occupation Director, Operations	Payroll Deduction \$38.46 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

C. Full Name (Last, First, Middle Initial) Debora Gault		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 5502 Northwest Highway		Transaction ID: SA11A1.4986
City Waterford	State WI	Zip Code 53185-2829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer American Medical Response	Occupation VP, Federal Reimbursements	Payroll Deduction \$38.46 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Debora Gault Mailing Address 5502 Northwest Highway City State Zip Code Waterford WI 53185-2829 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Federal Reimbursements Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4987 Amount of Each Receipt this Period 38.46 Payroll Deduction \$38.46 biweekly
B. Full Name (Last, First, Middle Initial) Louis Meyer Mailing Address 10644 N. Oakwilde Ave. City State Zip Code Stockton CA 95212-9246 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation CEO Reginal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.4992 Amount of Each Receipt this Period 192.30 Payroll Deduction \$192.30 biweekly
C. Full Name (Last, First, Middle Initial) Louis Meyer Mailing Address 10644 N. Oakwilde Ave. City State Zip Code Stockton CA 95212-9246 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation CEO Reginal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.30		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4993 Amount of Each Receipt this Period 192.30 Payroll Deduction \$192.30 biweekly
SUBTOTAL of Receipts This Page (optional)		423.06
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 11 / 20

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Susan Mikolajczak

Mailing Address 7077 E. Townsend Drive

City State Zip Code
 Highlands Ranch CO 80130

FEC ID number of contributing federal political committee.

C

Name of Employer
American Medical ResponseOccupation
Analysist, Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.4995

Amount of Each Receipt this Period

19.23

Payroll Deduction \$19.23
biweekly

Full Name (Last, First, Middle Initial)

B. David Mintz

Mailing Address 2006 Havemeyer Lane

City State Zip Code
 Redondo Beach CA 90278-4930

FEC ID number of contributing federal political committee.

C

Name of Employer
American Medical ResponseOccupation
CEO, Regional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4996

Amount of Each Receipt this Period

57.69

Payroll Deduction \$57.69
biweekly

Full Name (Last, First, Middle Initial)

C. David Mintz

Mailing Address 2006 Havemeyer Lane

City State Zip Code
 Redondo Beach CA 90278-4930

FEC ID number of contributing federal political committee.

C

Name of Employer
American Medical ResponseOccupation
CEO, Regional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.59

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.4997

Amount of Each Receipt this Period

57.69

Payroll Deduction \$57.69
biweekly

SUBTOTAL of Receipts This Page (optional)

134.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Lawrence Monson			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 414 Bouganivillea Lane			Transaction ID: SA11A1.4998	
City Glendora	State CA	Zip Code 91741-2600	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$57.69 biweekly		
Name of Employer American Medical Response		Occupation VP, Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90		
B. Full Name (Last, First, Middle Initial) Lawrence Monson			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 414 Bouganivillea Lane			Transaction ID: SA11A1.4999	
City Glendora	State CA	Zip Code 91741-2600	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$57.69 biweekly		
Name of Employer American Medical Response		Occupation VP, Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 634.59		
C. Full Name (Last, First, Middle Initial) Steve Murphy			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 3242 N.E. 6th Street			Transaction ID: SA11A1.5000	
City Pompano Beach	State FL	Zip Code 33062-4746	Amount of Each Receipt this Period 96.15	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$96.15 biweekly		
Name of Employer American Medical Response		Occupation Executive Vice President GN&S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 961.50		

SUBTOTAL of Receipts This Page (optional)

211.53

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Steve Murphy

Mailing Address 3242 N.E. 6th Street

City

Pompano Beach

State

FL

Zip Code

33062-4746

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation

Executive Vice President GN&S

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.5001

Amount of Each Receipt this Period

96.15

Payroll Deduction \$96.15
biweekly

B.

Full Name (Last, First, Middle Initial)

Kimberly Norman

Mailing Address 10331 Royal Eagle Lane

City

Highlands Ranch

State

CO

Zip Code

80129

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation

SR. VP. Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.5002

Amount of Each Receipt this Period

57.69

Payroll Deduction \$57.69
biweekly

C.

Full Name (Last, First, Middle Initial)

Kimberly Norman

Mailing Address 10331 Royal Eagle Lane

City

Highlands Ranch

State

CO

Zip Code

80129

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation

SR. VP. Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

634.59

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.5003

Amount of Each Receipt this Period

57.69

Payroll Deduction \$57.69
biweekly

SUBTOTAL of Receipts This Page (optional)

211.53

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Daniel O'Brien Mailing Address 1005 Dunbar Hill Rd City Hamden State CT Zip Code 06514 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00			Date of Receipt MM / DD / YYYY 05 / 05 / 2006 Transaction ID: SA11A1.5004 Amount of Each Receipt this Period 15.00 Payroll Deduction \$15.00 weekly
B. Full Name (Last, First, Middle Initial) Daniel O'Brien Mailing Address 1005 Dunbar Hill Rd City Hamden State CT Zip Code 06514 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt MM / DD / YYYY 05 / 12 / 2006 Transaction ID: SA11A1.5005 Amount of Each Receipt this Period 15.00 Payroll Deduction \$15.00 weekly
C. Full Name (Last, First, Middle Initial) Daniel O'Brien Mailing Address 1005 Dunbar Hill Rd City Hamden State CT Zip Code 06514 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt MM / DD / YYYY 05 / 19 / 2006 Transaction ID: SA11A1.5006 Amount of Each Receipt this Period 15.00 Payroll Deduction \$15.00 weekly
SUBTOTAL of Receipts This Page (optional) ▶			45.00
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Daniel O'Brien Mailing Address 1005 Dunbar Hill Rd City Hamden State CT Zip Code 06514 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt MM / DD / YYYY 05 / 26 / 2006 Transaction ID: SA11A1.5007 Amount of Each Receipt this Period 15.00 Payroll Deduction \$15.00 weekly
B. Full Name (Last, First, Middle Initial) Christopher Piper Mailing Address 1039 Century Drive City Napa State CA Zip Code 94558 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60			Date of Receipt MM / DD / YYYY 05 / 12 / 2006 Transaction ID: SA11A1.5008 Amount of Each Receipt this Period 38.46 Payroll Deduction \$38.46 biweekly
C. Full Name (Last, First, Middle Initial) Christopher Piper Mailing Address 1039 Century Drive City Napa State CA Zip Code 94558 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06			Date of Receipt MM / DD / YYYY 05 / 26 / 2006 Transaction ID: SA11A1.5009 Amount of Each Receipt this Period 38.46 Payroll Deduction \$38.46 biweekly
SUBTOTAL of Receipts This Page (optional) ▶			91.92
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Randall Strozyk Mailing Address 9209 181st Ave E City State Zip Code Bonney Lake WA 98390-7187 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.5015 Amount of Each Receipt this Period 57.69 Payroll Deduction \$57.69 biweekly
B. Full Name (Last, First, Middle Initial) Randall Strozyk Mailing Address 9209 181st Ave E City State Zip Code Bonney Lake WA 98390-7187 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 634.59			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.5016 Amount of Each Receipt this Period 57.69 Payroll Deduction \$57.69 biweekly
C. Full Name (Last, First, Middle Initial) Ronald Thackery Mailing Address 9922 S. Silver Maple Rd. City State Zip Code Highlands Ranch CO 80129-5460 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Safety Risk mgmt & Fleet Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.5019 Amount of Each Receipt this Period 38.46 Payroll Deduction \$38.46 biweekly
SUBTOTAL of Receipts This Page (optional) ▶			153.84
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Ronald Thackery Mailing Address 9922 S. Silver Maple Rd. City State Zip Code Highlands Ranch CO 80129-5460 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation VP, Safety Risk mgmt & Fleet Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.06			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.5020 Amount of Each Receipt this Period 38.46 Payroll Deduction \$38.46 biweekly
B. Full Name (Last, First, Middle Initial) David Tice Mailing Address 1900 Clark St City State Zip Code Charles City IA 50616 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation Manager, Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.53			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.5022 Amount of Each Receipt this Period 19.23 Payroll Deduction \$19.23 biweekly
C. Full Name (Last, First, Middle Initial) Dorothy Vanbuskirk Mailing Address 6820 Barker Way City State Zip Code San Diego CA 92119-1301 FEC ID number of contributing federal political committee. C Name of Employer American Medical Response Occupation Manager, Business Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.53			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.5026 Amount of Each Receipt this Period 19.23 Payroll Deduction \$19.23 biweekly

SUBTOTAL of Receipts This Page (optional)

76.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

Edward Van Horne

Mailing Address 7752 Hess Pl.

City State Zip Code
Rancho Cucamonga CA 91739

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation
Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.5023

Amount of Each Receipt this Period

38.46

Payroll Deduction \$38.46
biweekly

B. Full Name (Last, First, Middle Initial)

Edward Van Horne

Mailing Address 7752 Hess Pl.

City State Zip Code
Rancho Cucamonga CA 91739

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation
Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.5024

Amount of Each Receipt this Period

38.46

Payroll Deduction \$38.46
biweekly

C. Full Name (Last, First, Middle Initial)

Edward Wetzel

Mailing Address P.O. Box 50689

City State Zip Code
Henderson NV 89016-0689

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation
Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.92

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.5027

Amount of Each Receipt this Period

38.46

Payroll Deduction \$38.46
biweekly

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Edward Wetzel

Mailing Address P.O. Box 50689

City

Henderson

State

NV

Zip Code

89016-0689

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Medical Response

Occupation

Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.38

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.5028

Amount of Each Receipt this Period

38.46

Payroll Deduction \$38.46
biweekly

SUBTOTAL of Receipts This Page (optional)

38.46

TOTAL This Period (last page this line number only)

1870.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALLEN, THOMAS H

Mailing Address 236 OXFORD STREET

City
PORTLANDState
MEZip Code
04101Purpose of Disbursement
Campaign ContributionCandidate Name
ALLEN, THOMAS H011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 01

Transaction ID: SB23.5037

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MCCRERY FOR CONGRESS COMMITTEEMailing Address Post Office Box 52956
333 Texas Street Suite 1900City
ShreveportState
LAZip Code
71135Purpose of Disbursement
Campaign ContributionCandidate Name
MCCRERY FOR CONGRESS COMMITTEE011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: SB23.5038

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	6

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

2250.00